

L10000014069 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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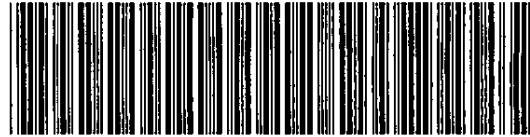
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
APR 15 2013
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INSIDE STYLE, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PAUL S. RIVERA
Name of Person

INSIDE STYLE
Firm/Company

33422 E. LK. JOANNA DR.
Address

EUSTIS FL. 32736
City/State and Zip Code

paull@insidestyle.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paul S. Rivera at (352) 444 0801
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
☐ \$30.00 Filing Fee & Certificate of Status
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INSIDE STYLE, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/8/2010 and assigned
Florida document number L10000014069

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

33422 E. LAKE JOANNA DR
EUSTIS FL. 32736
SECRETARY OF STATE
FLORIDA
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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

PATRICIA E. BELTON

New Registered Office Address:

33422 E. LAKE JOANNA DR

Enter Florida street address

EUSTIS

City

Florida

32736

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Patricia E. Belton

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	PAUL S RIVERA	24106 ST. RD 46	Add
		SORRENTO FL 32776	Remove
MGRM	PATRICIA E BELTON	33422 E. LAKE JOANNA DR	Add
		EUSTIS, FL 32736	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

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Add
Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

Paul S. Rivera

Signature of a member or authorized representative of a member

PAUL S. RIVERA

Typed or printed name of signee

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Filing Fee: \$25.00

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